

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
091 772 591

FILING DATE  
1-29-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	10	↔	↔	↔		
TOTAL CLAIMS	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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99					
100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]